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Bib Data Sheet

CONFIRMATION NO. 1334

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/760,197 | <b>FILING OR 371(c) DATE</b><br>01/21/2004<br><b>RULE</b> | <b>CLASS</b><br>347 | <b>GROUP ART UNIT</b><br>2861 | <b>ATTORNEY DOCKET NO.</b><br>RRA04US |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**

Kia Silverbrook, Balmain, AUSTRALIA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/22/2004

|  |                                      |                             |                          |                                |
|--|--------------------------------------|-----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWING</b><br>36 | <b>TOTAL CLAIMS</b><br>4 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                      |                             |                          |                                |
| Verified and Acknowledged  | Examiner's Signature                 | Initials                    |                          |                                |

**ADDRESS**

AIR MAIL

24011

**TITLE**

Inkjet printer cartridge with fixative delivery capabilities

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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